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ABSTRACT

This study addressed three aspects of maternal thinking: the mother's capacity to respond with sensitivity to her infant, the mother's memories of being accepted by her own parents during childhood, and her view of herself as competent and loveable. The Mother-Father-Peer Scale was used to determine whether mothers felt accepted or rejected, whether they felt overprotected or encouraged to be self-reliant by their own mothers, and whether they idealized their mothers. Mother-infant interactions were observed and rated for sensitivity versus insensitivity and for cooperation versus interference. Mothers who felt accepted by their own mothers were more likely than mothers who felt rejected to respond to their infants with sensitivity. Mothers who had idealized their own mothers during childhood provided less sensitive care to their infants than did mothers who had not idealized their mothers. Mothers who recalled maternal overprotection viewed themselves as less competent than mothers who recalled encouragement of self-reliance and were observed to interfere with their infants. Results indicated a concordance between grandmothers' and mothers' recall of their own caregiving history. A list of 19 references is included. A series of appendixes provides graphic displays of the caregiving models discussed in the text, and descriptions of the subjects and assessment instruments. (BC)

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Parenting Across Three Generations: The Development of Maternal Empathy

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Paper presented at the bienniel meeting of the Society for Research in Child Development in Seattle, April 1991

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Parenting Across Three Generations: The Development of

Maternal Empathy

Researchers have long posited parental empathy as critical to the caregiver's capacity to be sensitive and responsive to the infant's signals and to provide comfort and support when needed. These patterns of care are essential to the development of a secure infant-caregiver attachment relationship. Although parental empathy is viewed as central to caregiver sensitivity, surprisingly few empirical studies exit on this topic. In this paper, I will address how three aspects of maternal thinking -- the mother's memories of being accepted by her own parents during childhood, her view of herself as competent and loveable, and her expectations that others, in general, are benevolent and can be trusted -- relate to her capacity to respond with empathy to her infant's distress and with sensitivity to her infant's signals. Some preliminary findings concerning continuity of parental care across three generations (the maternal grandmother, mother, and infant) will also be discussed.

The transmission of parenting across generations has been documented in the areas of child abuse and attachment. In collaboration with Byron Egeland and Alan Sroufe, I found that approximately two-thirds of the mothers in the Minnesota Longitudinal Study who reported having experienced physical abuse or neglect during childhood repeated the maltreatment with their own (Egeland, Jacobvitz, & Papatola, 1987; Egeland, Jacobvitz, & Sroufe, 1988) children. Similarly, Main and Goldwyn (in press), and others (Morris, 1980; Ricks, 1985; Ward, Carlson, Plunket, & Kessler, 1988) have found striking associations between a mother's representation of her relationship with her parents during childhood and the quality of her own infant's attachment relationship with her.

Processes Underlying Intergenerational Continuity

Although continuity in parental care across generations has been demonstrated, the processes underlying intergenerational continuity remain unclear. Drawing on attachment theory and research, I developed three models to clarify the links between the ways in which mothers describe their relationship with their own mothers during childhood and their empathic responsiveness to their own infants. We used the Mother-Father-Peer scale (Epstein, 1983) to assess the mothers representation of her relationship with her own mother during childhood. Specifically, we assessed whether mothers' felt accepted and loved versus rejected and unloved, whether they felt overprotected and stifled versus encouraged to be self-reliant, and whether mothers' idealized their relationship with their mothers describing their relationship as perfect in every way. We chose these three kinds of memories because Ricks and Noyes (1984) and Biringen (1990) both have found associations between mother's memories of parental acceptance, mother's memories of parental overprotection and the quality of the mother-infant attachment relationship. Also, Epstein's scales are related conceptually to the adult attachment classifications developed by Main and Goldwyn, 1990. [See Appendix A]. Specifically, "maternal acceptance" is conceptually similar to "autonomous classification" since mothers' memories of feeling loved and being comforted by her own mother during childhood are central to both. Maternal Idealization corresponds to the Detached classification, both of which involve a mother's representation of her own mother as perfect or ideal in every way. Finally, "maternal overprotection vs. encouragement of self-reliance" is conceptually related to "Preoccupied" since in both cases, mothers appear to be caught up in a struggle for independence from their own mothers. Mothers' attchment classifications have been linked with their infants' security of attachment. As shown in our first model [See Appendix B], we first hypothesized that mothers who recall feeling accepted from their own mothers during childhood will provide more sensitive care to their own infants. "A mother

who remembered how she felt when something bad had happened to her and how her parents responded or should have responded to comfort her, will listen empathically to her own infant's distress signals" (Grossman, Fremmer-Bombik, Rudolph, & Grossman, 1988). Being able to identify with her infant, she interprets her infant correctly and responds to her in the interest of the infant. We hypothesized a number of processes underlying the relationship between a mother's own caregiving history and her parenting behaviors. Attachment theorists contend that people's mode of their relationship with their caregiver is related to their view of themselves as worthy or unworthy of care and becomes generalized into expectations regarding whether others can be trusted. Thus, we hypothesized that mothers' who recall experiencing maternal acceptance are likely to form a view of others as caring, kind, and benevolent and a complimentary sense of the self as competent. The parent who has a model of her relationship with her parents as accepting, of expectations that others are benevolent, and of a sense of self as competent is likely to experience empathic concern in response to her infant's distress and to demonstrate a high level of sensitivity in responding to her infant.

In the second model of intergenerational parenting [See Appendix C], mothers who idealize their childhood relationship with their parents, who describe their parents as perfect in every way, are likely to be less sensitive to their infant's signals and less able to provide the comfort and support when needed. Main and Goldwyn (in press) explain that adults ignore or alter their infants' signals as a way of preserving a particular state of mind or mental representation with respect to attachment. The infants' signals for contact and proximity to their caregiver threaten to evoke similar reactions from parents who are detached from their own attachment-related memories. In an effort to de-activate their own attachment behavioral system, these parents may also need to dismiss their infants' attachment behavior. Fraiberg, Adelson, & Shapiro (1975) remarked, after observing an emotionally unresponsive mother, "It's as if this mother doesn't hear

her baby's cries!". The processes underlying this pattern are not as straightforward. Mothers who idealize their relationship with their own mothers are less likely to articulate a coherent view of others or of the self. However, we predict that their beliefs about themselves and others will also reflect a bias towards idealization and therefore, these mothers will view themselves as competent and others as benevolent. Having minimized negative feelings related to their own childhoods, these mothers are less likely to express empathic concern in response to their infants' distress and, will provide less sensitive care.

Finally, in the third model [See Appendix D], we predict that mothers who were overprotected and were not encouraged to be independent are likely to view themselves as incompetent. Further, overprotection is conceptually liked with overinvolved and intrusive caregiving. Mothers who recall that their mothers were overprotective are expected to view the world as an unpredictable place. In contrast to the mothers who de-activate their attachment behavioral system, mothers who view their own mothers as overprotective are likely to respond to their infants' signals of distress with their own personal distress. They will have a vicarious emotional response to their infants' distress, but this response will overwhelm them. Main and Goldwyn (in press) suggest that for these parents, their infants' signals (e.g., crying) may, at times, interfere with preserving the parents' current state of mind. Their current state of mind is to remain preoccupied with their own needs as offspring rather than to facilitate nurturing behavior. We predict that these mothers will react to their infants with personal distress resulting in behaviors that interfere with their infants' ongoing moods, interests and activities.

This study is distinct from previous attachment studies in a number of ways. Most previous studies assess the quality of the caregiver-infant attachment relationship using the strange situation when the child is 12 to 18 months old. Instead, we relied on home observations collected multiple times over the infant's first year of life. Moreover, although Bowlby (1980), Sroufe and Fleeson

(1986), and others have suggested that people's expectations of whether others can be trusted emerges from the early relational experiences and influences the way people view themselves and others, this study is the first to assess how a mother's view of herself as competent and expectations about whether others, in general, can be trusted relate to memories of being loved and comforted by her own mother during childhood and to the quality of care she currently provides her infant.

Subjects

Forty-nine maternal grandmothers, mothers and firstborn, 6-month-old infants were recruited from infants' birth announcements published in Austin, Texas newspapers.

The mothers ranged in age from 21 to 41 ($X = 30$; $SD=4.46$) and were from middle SES backgrounds. All of the mothers were married, most were white (87%), employed (78%), had some college education (80%) and were employed (78%) at the time of the study [See Appendix E].

Method

Mothers were visited in their homes when their infants were 6 and 9 months old [See Appendix F]. At the 6-month visit, mothers' recall of their own caregiving history was assessed. Specifically, maternal acceptance vs. rejection, maternal overprotection vs. self-reliance, and idealization of parent were assessed using the Mother-Father-Peer Scale (Epstein, 1983). Additionally, at the 6-month home visit, mothers' global self-esteem was assessed using Harter's measure of self-esteem (Harter, 1986) and mothers' view of others as benevolent or predictable was assessed using the Basic Beliefs Inventory (Epstein, 1989). The Benevolent Other scale assesses mothers' expectations that people, in general, are caring, fair and benevolent. The Predictable Other scale taps the extent to which mothers view the world as a controllable and safe place versus dangerous and unpredictable. Mother's perceptions of her response to her infant's distress was assessed using the Maternal Empathy Scale (Walker, Redland, & West, 1989). Empathic concern

measures a mother's feeling of care and concern when her infant is distress. Personal distress measures a mother's tendency to respond with her own distress when her infant is upset.

Finally, mothers were videotaped feeding and playing with their infants in their homes for 30 minutes at both 6 months and 9 months. Two trained observers rated mother-infant interactions on two 9-point scales, sensitivity vs. insensitivity and cooperation vs. interference (Ainsworth & Bell, 1974).

Results

Since bimodal distributions were found for mothers' memories of their childhood relationship with their own mothers, median splits were used to form groups of high and low parental acceptance, high and low parental overprotection, and high and low parental idealization. We used T-tests to examine the relationship between these three variables and all of the others variables in each model. Pearson correlations were used to assess the links among the others variables.

As shown in Appendix G, compared with mothers who reported being rejected by their own mothers during childhood, those who recalled feeling accepted by their own mothers were significantly more likely to percieve others are caring, fair and benevolent (X_H=31.35, X_L=29.52, t= 1.94, p< .05) and were observed to respond to their infants with sensitivity (X_H=5.79, X_L=4.85, t= 1.95, p< .05). Further, Benevolent Other scores significantly covaried with self-esteem (r =.47, p< .01) and sensitive caregiving (r =.38, p< .01) in the predicted direction. Contrary to predictions, however, self-esteem did not significantly related to maternal acceptance or to sensitivity of maternal care, and, empathic concern did not correlate significantly with any of the other measures.

The failure to find a link between maternal acceptance and self-esteem replicates Biringen's finding.[1] Using a different assessment of self-esteem, she also failed to find a relationship between

maternal acceptance and self-esteem. Weak relationships between empathic concern and the other measures could have resulted for a variety of reasons. Most likely, there was a social desirability bias. Most of the mothers reported that they would respond with empathy to their infants' distress. Another possibility involves limitations in this assessment of empathy. The questions on the empathic concern scale measured parents' general attitudes pertaining to their response to their infants' distress. Psychophysiological assessments or observations of mothers' facial expressions during ongoing interactions may provide a better measure of mothers' affective response to infant distress than an assessment of a mother's thought about her affective reactions. As Holden & Edwards (1989) has suggested, questionnaires that tap general parenting attitudes rarely predict specific caregiving behavior.

As shown in Appendix H, mothers who idealized their own mothers during childhood (vs. those who did not) and were observed to provide less sensitive care to their own infants (X_H=4.75, X_L= 5.92, t= -2.44, p< .02). There was a nonsignificant trend in the predicted direction that mothers' who idealized their childhood, compared to those who scored low on idealization, reported higher self-esteem (X_H=20.17, X_L=18.54, t= 1.90, p<.06). It is possible that they exhibited what Swann (1991) has termed "defensive self-esteem". These mothers may claim they are more competent to minimize the anxiety associated with feelings of low self-worth. This hypothesis merit further investigation. Contrary to predictions, mothers who idealized their childhood, compared to those who scored low on idealization, did not also idealize how others would treat them. Idealization of parent was associated with expectations that others would be uncaring. Self-esteem, however, was not significantly related to sensitive caregiving, and, again, empathic concern did not show significant correlations with any of the other measures.

The findings related to the third model were the most impressive [See AppendixI]. As predicted, compared to mothers who recalled that their mothers encouraged self-reliance, those who

recalled maternal overprotection viewed themselves as less competent (X_H=20.41, X_L=18.0, t= 3.13, p< .003) and others as less predictable (X_H=23.79, X_L=21.70, t= 2.19, p< .03) These mothers perceived themselves to respond to their infants' distress with their own personal distress (X_H=4.17, X_L=18.17, t=-2.26, p< .03) and were observed to interfere with their infants' ongoing moods, needs and current interests (X_H=5.68, X_L=4.55, t=2.12, p<.03). Further, the higher the mother's self-esteem the more likely she was to view others as unpredictable (r = -.40, p< .01) and to respond to her infant's distress with personal distress (r =.40, p<.01). Mothers' level of self-esteem, however, was not related to interfering caregiving and perceived personal distress was not significantly related to observations of maternal interference.

Thus, similar to previous attachment studies, we found that a mother's recall of her relationship with her mother was related to her sensitivity to her own infant's signals and capacity to provide support when needed over the infant's first year of life. Further, in all three models, expectations of treatment by others were correlated significantly with the mother's memories of her own caregiving history, with her level of self-esteem and with the quality of care she provides her infant. We are currently conducting Adult Attachment Interviews with mothers to help validate the assessment of caregiving history and may find stronger associations between maternal caregiving history and self-esteem than were reported in this study.

Continuity Across Three Generations

Since memories of childhood experiences could be biased by mothers' current relationships with their children or distorted due to the time lapse, these studies have been interpreted cautiously. We looked at patterns of caregiving across three generations, grandmothers, mothers and infants, in order to delve more deeply into the mother's caregiving history as well as to assess the perspectives of both sides of the grandmother-daughter relationship. Thus, we examined

concordance between grandmothers' and mothers' perceptions of the care they received from their own mothers during childhood.

Grandmothers ranged in age from 41 to 60 years old (X = 55), middle SES, mostly married (75%), white (80%), mostly white (87%) and had at least some college education (73%). At the time of the study, 50% lived within 50 miles of their daughters [See Appendix J].

Chi Square analyses were performed to examine the relationship between grandmothers (1st generation) and mothers (2nd generation) recall of their relationships with their mothers during childhood [See Appendix K].

As predicted, concordance between grandmothers and mothers memories of parental acceptance and a trend in the predicted direction between grandmothers' and mothers' recall of maternal overprotection. Idealization of parent did not show a significant relationship across the two generations. Adult Attachment Interviews with grandmothers and mothers will be used to help validate the assessments of their caregiving history.

The data can be interpreted in a variety of ways . It is possible that grandmothers and mothers both experienced love and acceptance from their own mothers during childhood. Alternatively, for some of these mother-daughter pairs, their relationship may have changed over time and qualities of their current relationship could exert a similar bias on both of their perceptions of their caregiving history. We will soon have data to explore the relationships between a mother's recall of her childhood relationship and qualities of her current relationship with her mother. During the 6-month visit, we assessed grandmothers' and mothers' view of their current relationship and videotaped their interactions on a series of problem-solving tasks.

Finally, grandmothers were asked whether they raised their daughters in a different or similar manner to how their parents raised them. The majority of grandmothers (80%) said that, for the most part, they raised their daughters differently. Specifically, they did not repeat their own

parents' mistakes. Yet, when the grandmothers' daughter was asked how she would have liked her mother to have raised her differently, most of the daughters responded with the same complaint about their childhoods that their mothers described about their own childhoods. Similarly, findings from our study show that mothers' reports of empathic responsiveness to their children were not related to observations of empathic responsiveness. Understanding parents' relationship with their own parents during childhood may provide a more powerful prediction of their current caregiving than assessments of how parents' think they interact with their own children.

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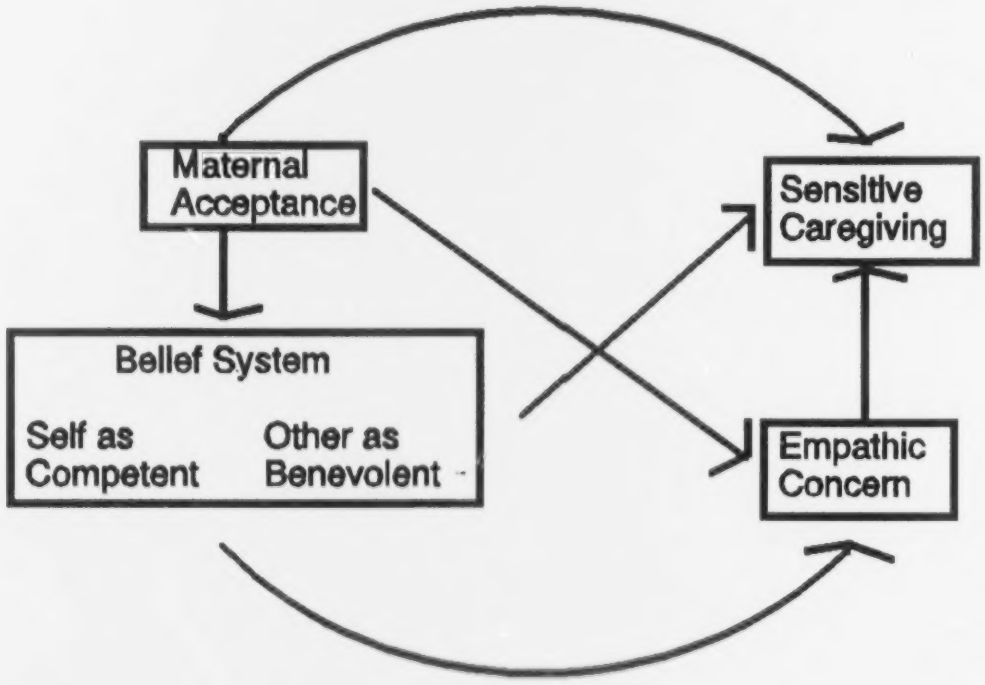
Appendix A

ADULTS' PARENTAL HISTORY

(Epstein)		(Main)
Maternal Acceptance	→	AUTONOMOUS
Maternal Idealization	→	DETACHED
Maternal Overprotection	→	PREOCCUPIED

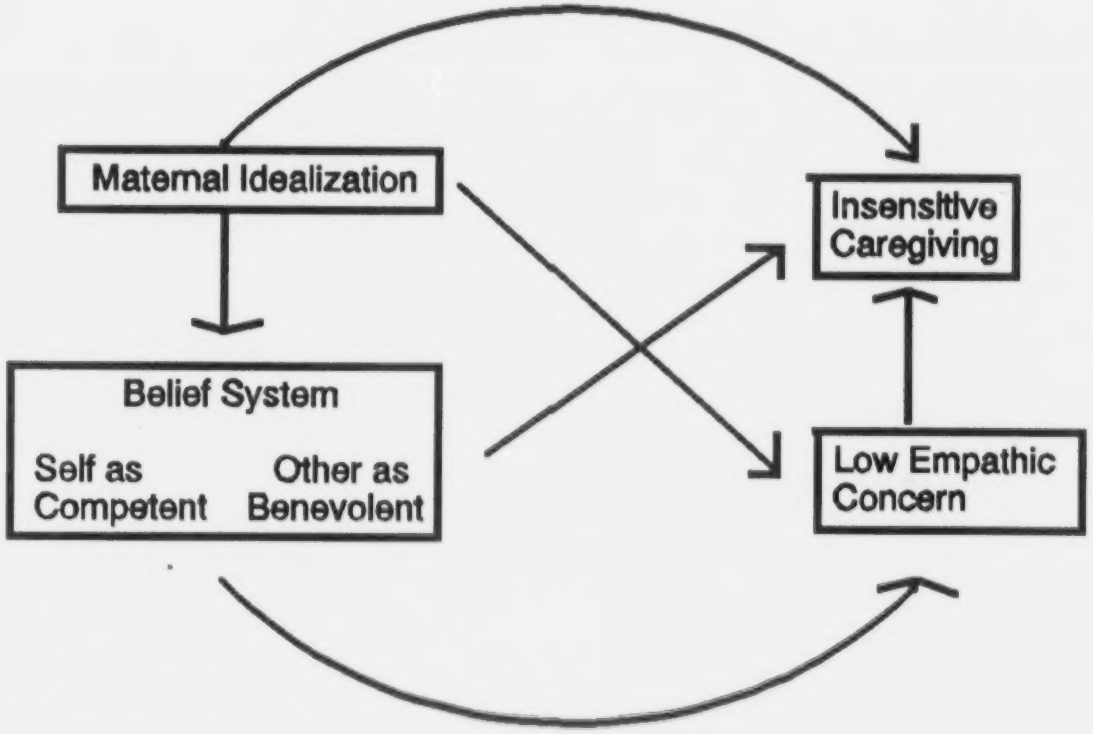
Models of Intergenerational Parenting and Caregiving

I Maternal Acceptance and Sensitive Caregiving



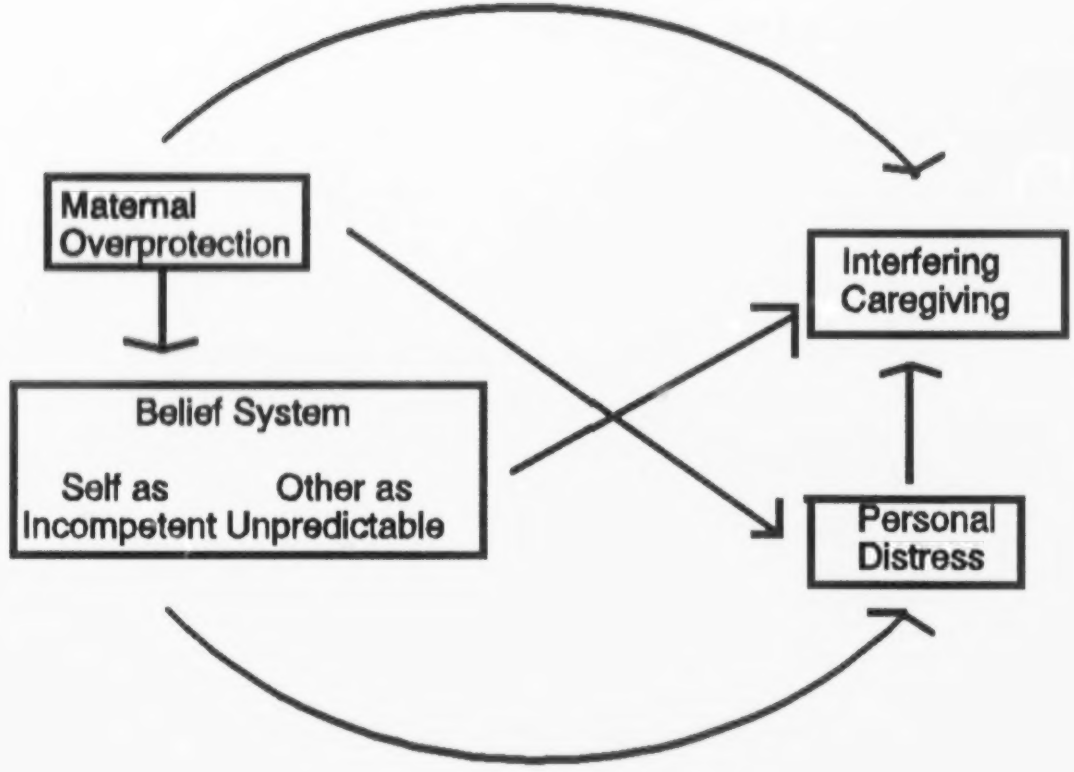
Appendix B

II Maternal Idealization and Insensitive Caregiving



Appendix C

III Maternal Overprotection and Interfering Caregiving



Appendix D

Appendix E

SUBJECTS

Participating families were recruited from infants' birth announcements in Austin, Texas newspapers.

Ages 21 to 41 years (X = 30)

Middle SES

Married (100%)

Mostly White (87%)

Most Had Some College Education (80%)

Most Were Employed (78%)

Appendix F

ASSESSMENT INSTRUMENTS

CAREGIVING HISTORY

Maternal Acceptance vs Rejection
Maternal Overprotection vs Self-Reliance
Maternal Idealization

BELIEF SYSTEM

Self-Esteem
Benevolent Other
Predictable Other

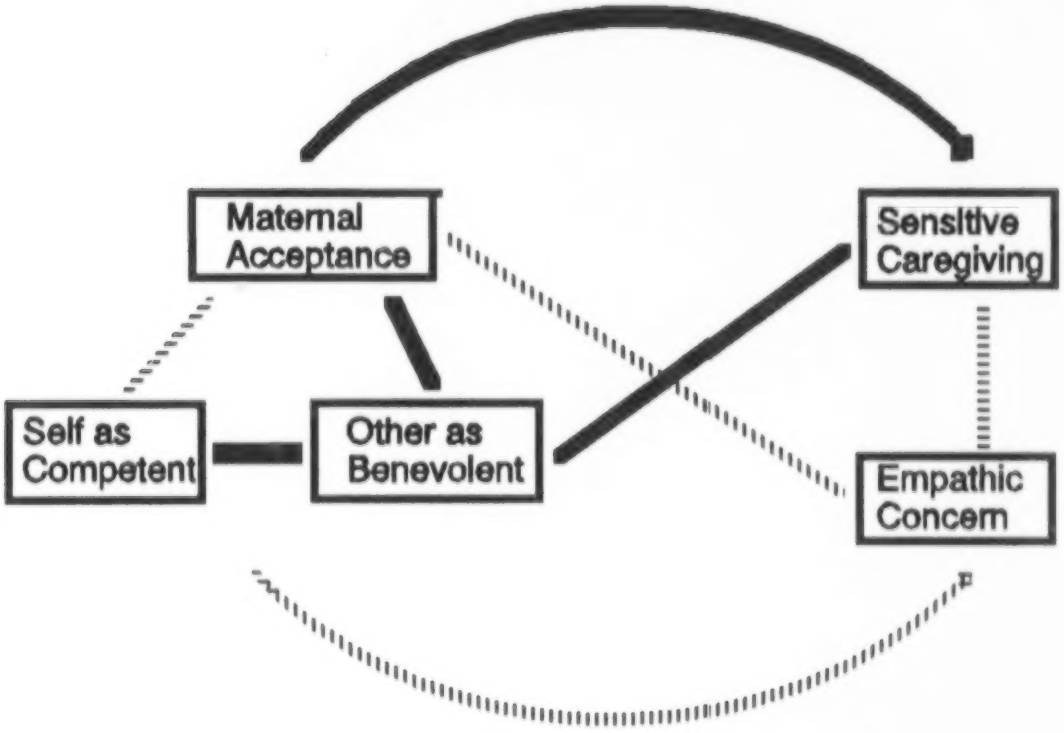
PERCEPTIONS OF EMPATHY

Empathic Concern
Personal Distress

OBSERVATIONAL RATINGS OF EMPATHY

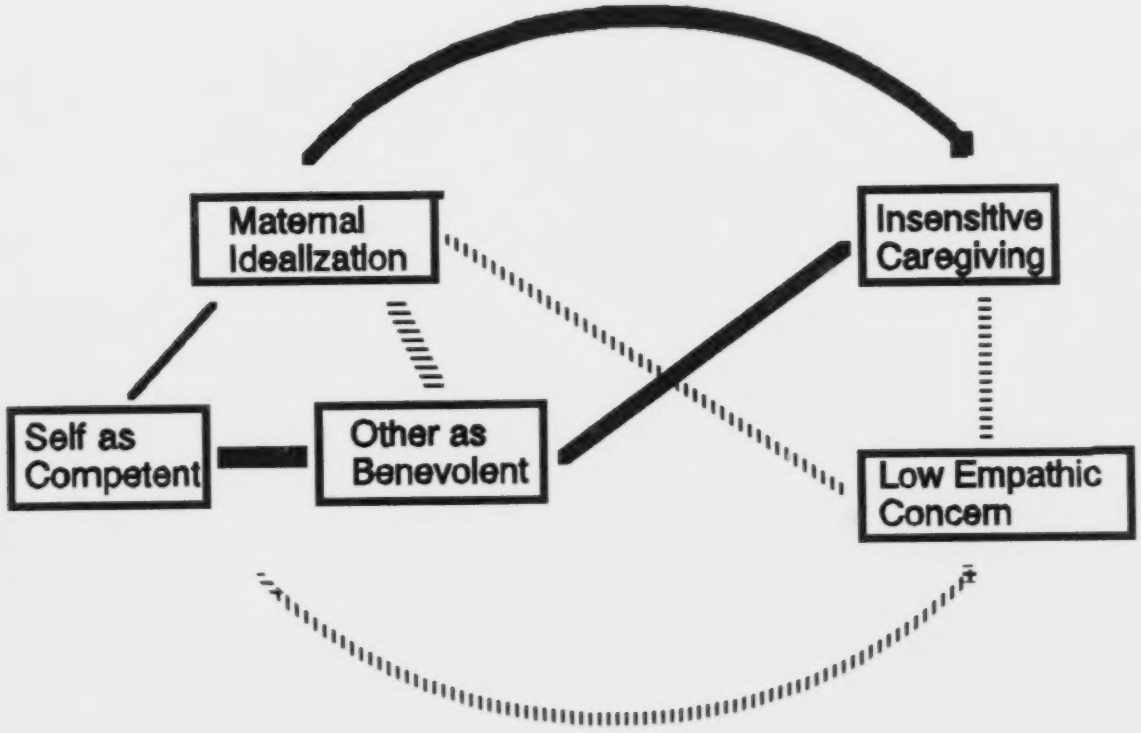
Sensitivity vs Insensitivity
Cooperation vs Interference

I. Maternal Acceptance and Sensitive Caregiving



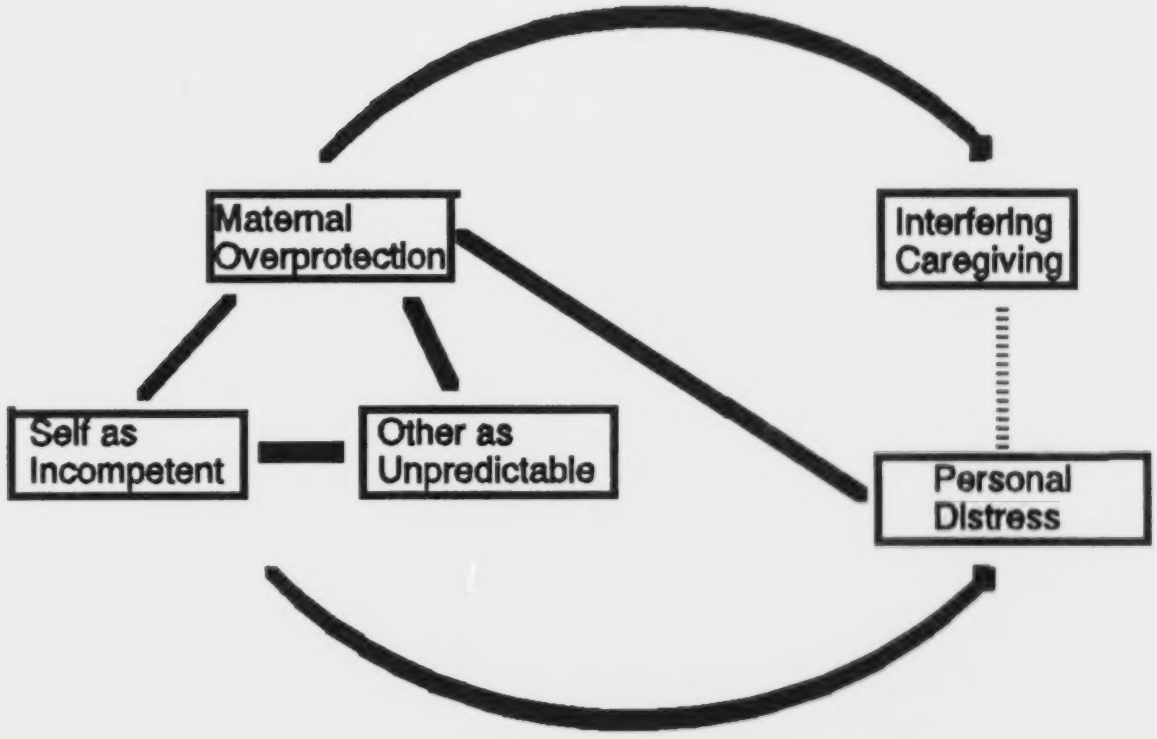
Appendix G

II. Maternal Idealization and Insensitive Caregiving



Appendix H

III. Maternal Overprotection and Interfering Caregiving



Appendix I

Appendix J

SUBJECTS

Participating families were recruited from infants' birth announcements in Austin, Texas newspapers.

MOTHERS

Ages 21 to 41 years (X = 30)

Middle SES

Married (100%)

Mostly White (87%)

Most Had Some College Education (80%)

Most Were Employed (78%)

GRANDMOTHERS

Ages 51 to 60 years (X = 55)

Middle SES

Mostly Married (75%)

Mostly White (87%)

Most Had Some College Education (73%)

Approximately Half Employed (52%)

50% Lived Within 50 Miles of Their Daughters

Appendix K

CONCORDANCE BETWEEN GRANDMOTHERS' AND MOTHERS' RECALL OF THEIR OWN CAREGIVING HISTORY

Caregiving History	Agreement	Differences	p value
Acceptance vs. Rejection	70%	30%	.01
Overprotection vs. Self-Reliance	63%	37%	.08
Idealization	52%	48%	.88